

Student Information Form

Students Name: _____ Birthday _____

Street address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Allergies: _____

Diet Restrictions: _____

Is your child allowed to eat addition food offered for special occasions and celebrations? This usually occurs on birthday's, holiday parties, and some group activities. -Yes -No

Mother/Guardian Name: _____ **Phone#** _____

Father/Guardian Name: _____ **Phone#** _____

In case of emergency, who should we call first? -Mother -Father -Contact #1 -Contact #2

Emergency Contact #1
(Other than yourself)

Name: _____

Phone#: _____

Relationship: _____

Emergency Contact #2
(Other than yourself)

Name: _____

Phone#: _____

Relationship: _____

In the event that a parent or designated contact person cannot be reached, I/we hereby authorize Within Reach to secure emergency medical treatment for my child.

Signature(s) of Parent(s) or Legal Guardian(s)

If forced to secure emergency medical treatment, my child's pediatrician is:

Doctor's Name _____ Office Phone _____

Approved Individuals to Sign Out Student
(Please Print)

1. _____

2. _____

3. _____

4. _____

INSURANCE INFORMATION

Primary Insurance Carrier: _____ Phone: _____

Policy # _____ Group # _____

Policy Holder's Name: _____ Date of Birth: _____

Secondary Insurance Carrier: _____ Phone: _____

Policy # _____ Group # _____

Policy Holder's Name: _____ Date of Birth: _____

Form Completed By: _____ Relation to Patient _____